

Federal Health Update

DEC. 11, 2015

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The *Update* won't publish on Dec. 25, 2015.

EXECUTIVE AND CONGRESSIONAL NEWS

- **On Dec. 10, 2015, the Senate passed a short-term spending bill, a day ahead of a deadline to avoid a government shutdown.**

Majority Leader Mitch McConnell (R-Ky.) passed the five-day spending bill by unanimous consent on the Senate floor, using a piece of House-passed funding legislation that was already on the Senate calendar.

The House is expected to pass the short-term spending bill on Friday.

President Obama will sign the bill, the White House said.

Lawmakers were under a tight deadline to pass legislation funding the government to avoid a shutdown. The measure will give lawmakers until Dec. 16, to pass an all-encompassing omnibus spending bill.

MILITARY HEALTH CARE NEWS

▪ **On Dec. 2, 2015, the Army Chief of Staff announced:**

- Maj. Gen. Joseph Carvalho Jr. has been assigned to be the Joint Staff surgeon, Joint Staff, Washington, District of Columbia. Carvalho previously was deputy surgeon general; and deputy commanding general (Support), U.S. Army Medical Command, Falls Church, Va.
- Brig. Gen. Ronald J. Place has been assigned to be commanding general, Regional Health Command - Atlantic (Provisional), Fort Belvoir, Virginia. Place was previously assistant surgeon general for quality and safety (Provisional), Office of The Surgeon General; and deputy chief of staff, quality and safety (Provisional), U.S. Army Medical Command, Washington, District of Columbia.
- Brig. Gen. Robert D. Tenhet has been assigned to be deputy surgeon general; and deputy commanding general (Support), U.S. Army Medical Command, Falls Church, Virginia. Tenhet was commanding general, Regional Health Command - Atlantic (Provisional), Fort Belvoir, Va.

▪ **The Defense Health Agency announced the winners of the 2015 Female Physician Leadership Award at the recent Federal Health 2015 conference in San Antonio.**

Receiving the 2015 Female Physician Leadership Awards are:

- Junior Public Health Service – Navy Lt. Cmdr. Jennefer Kieran, Phoenix Indian Medical Center, Ariz.
- Junior Army – Army Lt. Col. Cristin Mount, Madigan Army Medical Center, Wash.
- Junior Navy – Navy Cmdr. Kelly Elmore, Naval Hospital, Guam.
- Junior Air Force – Air Force Maj. Torree McGowan, MAMC
- Senior MHS – Navy Capt. Gail Manos, Naval Medical Center Portsmouth, Va.

▪ **The Defense Health Agency announced the winners of the 2015 Allied Health Leadership Awards at the recent Federal Health 2015 conference in San Antonio.**

This award recognizes exemplary accomplishments by those military health care providers who serve with distinction within the Military Health System.

Receiving the 2015 Allied Health Leadership Award are:

- Junior Non-Provider – Navy Lt. Jacob Norris, Naval Medical Research Center, Silver Spring, Md.
- Junior Provider – Air Force Capt. Danielle Anderson, Travis Air Force Base, Calif.
- Senior Provider – Navy Lt. Cmdr. Eric Harmon, Camp Pendleton, Calif.
- Senior Non-Provider – Navy Cmdr. Malaysia Gresham (Public Health Service), DHA Falls Church, Va.

- **Starting in January 2016, TRICARE beneficiaries with a diagnosis and referral will be eligible for surgical treatment of a hip condition called femoroacetabular impingement, or FAI.**

The FAI surgery is the first treatment to be evaluated and approved under the 2015 National Defense Authorization Act's provisional coverage program, which allows TRICARE to provide coverage for emerging treatments and technologies, the release said.

The hip condition can occur when the bones of the hip are abnormally shaped and therefore rub against each other and cause damage to the joint. Symptoms include pain in the hip or groin area, which limits or hinders mobility, the release added.

Starting on Jan. 1, 2016, eligible beneficiaries with FAI will be able to get the surgery from any TRICARE-authorized orthopedic surgeon. Costs will [vary by plan](#), but will be lower when using network providers. The surgery must be pre-authorized by the beneficiary's regional contractor, which lets providers present additional information for review by TRICARE and its contract partners. There is no retroactive preauthorization or coverage prior to Jan. 1, 2016.

- **On Dec. 1, 2015, TRICARE announced that reimbursement rates for Applied Behavior Analysis (ABA) providers will become more consistent with national prevailing rates in the spring of 2016 under the Autism Care Demonstration.**

The current ABA reimbursement rates will be replaced with rates for each geographic location, similar to how all other TRICARE rates are established.

TRICARE currently pays a single reimbursement rate to all ABA providers, adjusted to their level of education, in the U.S., regardless of location. TRICARE established these rates more than eight years ago when there was no data to determine what actual rates should be.

TRICARE took several steps to ensure access to care with new reimbursement rates. Efforts to monitor the existing ABA provider networks and add additional providers where needed are ongoing. TRICARE commissioned two external studies to examine ABA costs on a national level. This information allowed TRICARE to establish rates based on how other health plans, including state Medicaid plans, pay ABA providers.

TRICARE also recently changed ABA cost shares to be consistent with other cost shares under TRICARE Prime and Standard. These changes resulted in a significant benefit improvement by applying the beneficiary's cost-share for ABA services towards the annual TRICARE catastrophic cap, which limits the maximum out-of-pocket expenses a family will pay per year for their medical care.

For more information about the [Autism Care Demonstration](#), visit the TRICARE website.

- **The Military Officers of American Association (MOAA) released findings from its recent survey of TRICARE beneficiaries, examining satisfaction into the military's health care system.**

The survey found that 81 percent of TRICARE Prime beneficiaries were satisfied with care quality of their health-care plan; 80 percent were satisfied with cost; and 62 percent were satisfied with their ability to pick a doctor.

Of Tricare Standard users, 86 percent said they were satisfied with their care quality, 68 percent were satisfied with cost, and 81 percent were satisfied with their ability to pick a doctor.

Ninety-five percent of Tricare for Life (TFL) users, were satisfied with their quality of care, 86

percent were satisfied with cost and 90 percent were satisfied with their ability to pick a doctor. Lawmakers have pledged to overhaul the health care program in fiscal 2017, which begins Oct. 1, 2016.

The survey, polled over 30,000 respondents.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced a number of changes to make participation in the Veterans Choice Program easier and more convenient for veterans who need to use it.**

The move, which streamlines eligibility requirements, follows feedback from veterans along with organizations working on their behalf.

To date, more than 400,000 medical appointments have been scheduled since the Veterans Choice Program went into effect on Nov. 5, 2014.

Under the old policy, a veteran was eligible for the Veterans Choice Program if he or she met the following criteria:

- Enrolled in VA health care by 8/1/14 or able to enroll as a combat veteran to be eligible for the Veterans Choice Program;
- Experienced unusual or excessive burden eligibility determined by geographical challenges, environmental factors or a medical condition impacting the veteran's ability to travel;
- Determined eligible based on the veteran's current residence being more than 40 miles driving distance from the closest VA medical facility.

Under the updated eligibility requirements, a Veteran is eligible for the Veterans Choice Program if he or she is enrolled in the VA health care system and meets at least one of the following criteria:

- Told by his or her local VA medical facility that they will not be able to schedule an appointment for care within 30 days of the date the veteran's physician determines he/she needs to be seen or within 30 days of the date the veteran wishes to be seen if there is no specific date from his or her physician;
- Lives more than 40 miles driving distance from the closest VA medical facility with a full-time primary care physician;
- Needs to travel by air, boat or ferry to the VA medical facility closest to his/her home;
- Faces an unusual or excessive burden in traveling to the closest VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature or simplicity or frequency of the care needed and whether an attendant is needed. Staff at the veteran's local VA medical facility will work with him or her to determine if the veteran is eligible for any of these reasons; or
- Lives in a State or Territory without a full-service VA medical facility which includes: Alaska, Hawaii, New Hampshire (Note: this excludes New Hampshire Veterans who live within 20 miles of the White River Junction VAMC) and the United States Territories (excluding Puerto Rico, which has a full service VA medical facility).

Veterans seeking to use the Veterans Choice Program or wanting to know more about it, can call 1-866-606-8198 to confirm their eligibility and to schedule an appointment. For more details about the veterans Choice Program and VA's progress, visit: www.va.gov/opa/choiceact.

GENERAL HEALTH CARE NEWS

- **As the deadline for signing up for coverage starting January 1 approaches, the Department of Health and Human Services (HHS) announced it is collaborating with some of the nation's largest pharmacies to connect consumers with health coverage and encourage enrollment through the Health Insurance Marketplace.**

CVS Health, *Good Neighbor Pharmacy*, National Community Pharmacists Association, Rite Aid, Thrifty White Pharmacy and Walgreens are playing an important role in helping individuals across the country find a plan to meet their health care and budget needs.

Collectively, these national partners represent more than 38,000 pharmacies across the country. In coordination with HHS and the Centers for Medicare & Medicaid Services (CMS), pharmacies will have trained enrollment assisters available to work directly with customers in stores, and will also host local enrollment events and distribute educational resources about the health care options available through the Marketplace.

December 15 is the deadline to enroll for health coverage beginning on January 1. Information about the Health Insurance Marketplaces is available at HealthCare.gov or by calling the Marketplace Call Center at 1-800-318-2596. Financial assistance is available for eligible consumers, and more than 7 in 10 returning Marketplace customers will be able to buy a plan for \$75 or less a month in premiums after tax credits.

To learn more about the activities taking place at pharmacies across the country, please visit: <http://www.hhs.gov/about/news/2015/12/10/hhs-partners-nation-s-largest-pharmacies-promote-health-insurance-marketplace.html>

- **The Department of Health and Human Services (HHS) released a report, showing that an estimated 87,000 fewer patients died in hospitals and nearly \$20 billion in health care costs were saved as a result of a reduction in hospital-acquired conditions from 2010 to 2014.**

Preliminary estimates show that, in total, hospital patients experienced 2.1 million fewer hospital-acquired conditions from 2010 to 2014, a 17 percent decline over that period. This aligns with HHS' aim to encourage better care, smarter spending, and healthier people.

In December 2014, HHS reported that 50,000 fewer patients died in hospitals and \$12 billion in health care costs saved between 2010 and 2013. This progress toward a safer health care system occurred during a period of concerted attention by hospitals throughout the country to reduce adverse events which included Medicare payment incentives to improve the quality of care and the [HHS Partnership for Patients](#) initiative.

The data represent demonstrable progress over a four-year period to improve patient safety in the hospital setting.

Hospital-acquired conditions include adverse drug events, catheter-associated urinary tract infections, central line associated bloodstream infections, pressure ulcers, and surgical site infections, among others. HHS' [Agency for Healthcare Research and Quality](#) (AHRQ) analyzed the incidence of a number of avoidable hospital-acquired conditions compared to 2010 rates, using as a baseline estimates of deaths and excess health care costs that were developed when the Partnership for Patients was launched.

AHRQ has produced a variety of [tools and resources](#) to help hospitals and other providers prevent hospital-acquired conditions, such as reducing infections, pressure ulcers, and falls. Recently the agency released the [Toolkit for Reducing CAUTI in Hospitals](#), which is based on the experiences of more than 1,200 hospitals nationwide that participated in an AHRQ-funded

project to apply the [Comprehensive Unit-based Safety Program](#) to reducing catheter associated urinary tract infections (CAUTI).

Preliminary data indicate that hospitals using these tools reduced CAUTIs by approximately 15 percent overall. AHRQ works with its HHS colleagues and researchers across the country to create new knowledge about how to improve care, particularly in understudied areas such as diagnostic error and antibiotic resistance.

HHS will continue working with partners to capitalize on these promising results – improving patient safety and reducing health care costs while providing the best, safest possible care to patients.

The report *Saving Lives & Saving Money: Hospital-Acquired Conditions Update* is available here: <http://www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2014.html>.

- **More than a third of American adults are eligible to take cholesterol-lowering medications under the current guidelines or were already taking them – but nearly half of them are not, according to a report by Centers for Disease Control and Prevention.**

[Data from 2007 through 2014](#) show a decline in the number of Americans with high blood levels of cholesterol. There also has been a [recent increase](#) in the use of cholesterol-lowering medications. But a high blood level of LDL cholesterol – also known as “bad” cholesterol – remains a major risk factor for heart disease and stroke in the United States.

Some people with high LDL cholesterol and who have or are at risk of heart disease are eligible for cholesterol-lowering medications. They should also make lifestyle changes such as getting regular exercise, eating a heart-healthy diet, and losing weight. Yet fewer than half of people eligible for or who were taking cholesterol-lowering medication make these changes, the study found.

Getting 65 percent of Americans to manage their high levels of LDL cholesterol by 2017 is one of the major targets of the U.S. Department of Health and Human Services’ [Million Hearts initiative](#) to prevent one million heart attacks and strokes.

CDC researchers examined data from the 2005-2012 National Health and Nutrition Examination Surveys. Overall, 36.7 percent of U.S. adults -- 78.1 million people age 21 or older -- were eligible for cholesterol-lowering medication or already taking it. Within this group, 55.5 percent were currently taking cholesterol-lowering medication and 46.6 percent reported making lifestyle changes; 37.1 percent reported making lifestyle modifications *and* taking medication, and 35.5 percent reported doing neither.

- Gender, race, and ethnicity made a difference. Of:
 - 40.8 percent of men eligible for or already on medication, 52.9 percent were taking medications.
 - 32.9 percent of women eligible for or already on medication, 58.6 percent were taking medications.
 - 24.2 percent of Mexican-Americans eligible for or already on medication, 47.1 percent were taking medications.
 - 39.5 percent of blacks eligible for or already on medication, 46 percent were taking medications.
 - 38.4 percent of whites eligible for or already on medication, 58 percent were taking medications.
 - Blacks who did not have a routine place for health care had the lowest rate (5.7 percent) of taking recommended cholesterol-lowering medication. People who said

they already had adopted a heart-healthy lifestyle (about 80 percent) were the group most likely to be taking cholesterol-lowering medication.

While the study included people taking all forms of cholesterol-lowering medication, nearly 90 percent of those receiving medication were taking a statin drug.

REPORTS/POLICIES

- **The GAP published “Centers of Excellence: DOD and VA Need Better Documentation of Oversight Procedures,” (GAO-16-54) on Dec 2, 2015.** This report reviews DoD and VHA COEs, examining the criteria and processes DoD and VHA use to designate entities as COEs; and assessing how DOD and VHA document the oversight activities related to their agencies' COEs. <http://www.gao.gov/assets/680/673936.pdf>
- **The Institutes of Medicine published “Assessing the Impact of Applications of Digital Health Records on Alzheimer's Disease Research: Workshop Summary,” on Dec. 8, 2015.** This study assesses the impact of digital health records on Alzheimer's disease research and explores how DHRs may be used to help improve clinical trial design and methodology for AD research. <http://iom.nationalacademies.org/Reports.aspx#sthash.WHGQ3FFF.dpuf>

HILL HEARINGS

- The Senate Veterans Affairs Committee will hold a hearing on **Dec. 15, 2015**, to examine transition assistance programs.

LEGISLATION

- **H.R.4134** (introduced Dec. 4, 2015): the *Veterans Health Care Staffing Improvement Act* was referred to the Subcommittee on Military Personnel
Sponsor: Rep DeFazio, Peter A. [OR-4]
- **H.R.4148** (introduced Dec. 1, 2015): the *Obstetric Fistula Prevention, Treatment, Hope, and Dignity Restoration Act of 2015* was referred to the House Committee on Foreign Affairs
Sponsor: Rep Maloney, Carolyn B. [NY-12]
- **H.R.4152** (introduced Dec. 2, 2015): the *Cardiac Arrest Survival Act of 2015* was referred to the House Committee on Energy and Commerce
Sponsor: Rep Olson, Pete [TX-22]
- **H.R.4153** (introduced Dec. 2, 2015): the *Educating to Prevent Eating Disorders Act of 2015* was referred to the House Committee on Energy and Commerce
Sponsor: Rep Ellmers, Renee L. [NC-2]
- **H.R.4155** (introduced Dec. 2, 2015): the *Telehealth Innovation and Improvement Act of 2015* was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means
Sponsor: Rep Black, Diane [TN-6]
- **H.R.4207** (introduced Dec. 9, 2015): To amend part D of title XVIII of the Social Security Act to

require the Secretary of Health and Human Services to determine, on behalf of Medicare beneficiaries, covered part D drug prices for certain covered part D drugs, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.

Sponsor: Rep Schakowsky, Janice D. [IL-9]

- **S.2343** (introduced Dec. 2, 2015): the *Telehealth Innovation and Improvement Act of 2015* was referred to the Committee on Finance.
Sponsor: Sen Gardner, Cory [CO]
- **S.2364** (introduced Dec. 8, 2015): the *Medicare Home Health Flexibility Act of 2015* was referred to the Committee on Finance
Sponsor: Sen Cardin, Benjamin L. [MD]
- **S.2374** (introduced Dec. 8, 2015): A bill to amend the Defense Base Act to require death benefits to be paid to a deceased employee's designated beneficiary or next of kin in the case of death resulting from a war-risk hazard or act of terrorism occurring on or after September 11, 2001 was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Sen Markey, Edward J. [MA]

MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 5, 2016**, in Washington D.C.
<http://www.hjfc3.org/heroes-dinner>

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